

WASHINGTON STATE LIQUOR AND CANNABIS BOARD - LICENSE SERVICES  
1025 UNION AVE SE - P O Box 43075  
Olympia WA 98504-3075  
[specialoccasions@lcb.wa.gov](mailto:specialoccasions@lcb.wa.gov) Fax: 360-753-2710

TO: GRANT COUNTY COMMISSIONERS

JULY 28, 2023

SPECIAL OCCASION #: 090559

DESERT AIRE GOLF & COUNTRY CLUB  
504 CLUBHOUSE WAY  
MATTAWA, WA 99349

DATE: OCTOBER 14, 2023  
OCTOBER 15, 2023

TIME: 8:00AM TO 5:00PM  
8:00AM TO 5:00PM

PLACE: SNACK SHACK/DESERT AIRE GOLF COURSE & COUNTRY CLUB - 504 CLUBHOUSE WAY, MATTAWA

CONTACT: MARTIN SMITH (DOB: 9.26.1953) 425-754-3582

**SPECIAL OCCASION LICENSES**

- \* ☐ Licenses to sell beer on a specified date for consumption at a specific place.
- \* ☐ License to sell wine on a specific date for consumption at a specific place.
- \* ☐ Beer/Wine/Spirits in unopened bottle or package in limited quantity for **off** premise consumption.
- \* ☐ Spirituous liquor by the individual glass for consumption at a specific place.

If return of this notice is not received in this office within 20 days from the above date, we will assume you have no objections to the issuance of the license. If additional time is required please advise.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you approve of applicant?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Do you approve of location?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. If you disapprove and the Board contemplates issuing a license, do you want a hearing before final action is taken? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

<b><u>OPTIONAL CHECK LIST</u></b>	<b><u>EXPLANATION</u></b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LAW ENFORCEMENT	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HEALTH & SANITATION	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FIRE, BUILDING, ZONING	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER:	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have indicated disapproval of the applicant, location or both, please submit a statement of all facts upon which such objections are based.

---

DATE SIGNATURE OF MAYOR, CITY MANAGER, COUNTY COMMISSIONERS OR DESIGNEE